



Sleep Coaches: Characterization of a Burgeoning Pediatric Provider Group from Internet Advertisements for Services

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Sleep coaches are an emerging group of pediatric providers whose scope of services and regional distribution have not been well characterized. This descriptive analysis used Internet data to identify sleep coaches and certification programs in the US; we found a sizeable diversity of backgrounds, training, services offered, and pricing. (*J Pediatr* 2015;166:487-9).

Pediatric behavioral sleep disorders are common, may result in significant medical and psychosocial problems, and respond well to behavioral interventions.¹ Despite the enormous number of children with behavioral sleep problems, the supply of providers with advanced training in pediatric sleep disorders is limited, and few pediatricians are certified in sleep medicine² and even fewer providers are certified in behavioral sleep medicine.³ Pediatricians seeking board certification in sleep medicine must complete a year-long, accredited fellowship training program and successfully pass the subspecialty certification examination in sleep medicine. To be certified in behavioral sleep medicine, one must possess a postdoctoral degree, a valid license to provide mental health-related services, either have completed a Society of Behavioral Sleep Medicine training program or have 2 years of clinical experience, and pass a certification examination.

Recently, another set of providers, self-proclaimed “sleep coaches,” have emerged to offer their services to the public and have caught the attention of the national media.⁴ Sleep coaches are not required to and usually do not have licenses to provide services in their states of practice. Despite their popularity, there have been no attempts to characterize the training experience or services offered by this provider group. Thus, the purpose of the present investigation was to use internet advertisements for sleep coach services to describe the services offered and training of these providers.

Methods

Because of the absence of a unified registry or database of sleep coaches, certifying/training organizations were identified in an iterative manner beginning with the known popular Web site, The Sleep Lady (<http://www.sleep lady.com/>). Links to individual sleep coaches from this Web site were followed, and these Web sites were explored for information regarding provider characteristics and services offered (see paragraphs to follow). Additional links and advertisements for other certification programs/associations for sleep coaches were identified in the course of these searches, which included the following: the International Maternity Institute (<http://maternityinstitute.com/>), the Family Sleep Institute

(<http://www.familysleepinstitute.com/>), the International Association of Child Sleep Consultants (<http://www.iacsc.com/>), the Association of Professional Sleep Consultants (<http://www.internationalsleep.org/>), and Sleep Sense (<http://sleepsense.net/>). These additional programs/associations were then culled for additional sleep coaches, and the process repeated until novel links to sleep coaches, associations, and sleep programs were exhausted.

For each sleep coach Web site identified, provider characteristics and services offered were recorded. Individual coaching Web sites were included in analyses if there was sufficient information to characterize their services, including costs of services provided. Qualitative information regarding the types of sleep problems managed and quantitative data regarding the costs of services were collected. Because most coaches offered different permutations of services within each package type, such as 1 week vs 2 weeks of follow-up e-mails or phone calls after an initial in-person consultation, the price included for analysis was that of what was felt to be the standard, most popular, or average package offered. For each data point recorded, a screenshot with the time and date was taken for record-keeping purposes. Data were recorded between April 29, 2014, and May 2, 2014.

Results

From the initial certifying and training program Web sites, we identified 102 individual Web sites with requisite data for analysis offering sleep coach services. The geographic distribution of sleep coaches was variable. More than 60% of certified sleep coaches were clustered in 8 states (California, New York, Connecticut, Illinois, Texas, Massachusetts, Pennsylvania, and Washington), which largely reflects population density. From a regional perspective, 15% of coaches were in the Midwest, 28% were in the Northeast, 25% in the South, and 33% in the West. A large minority (44.1%) of sleep

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Table. Characteristics of sleep coach training programs identified on the Internet

Programs	% of sleep coaches citing certification	Education provided by program	Cost of program
Gentle Sleep Coach	48.0%	Four-month online component, passing an examination, and working 3 pro-bono cases	\$5995
Family Sleep Institute	26.5%	Four-week online course followed by an additional 3-month online course	\$2900
Association of Professional Sleep Coaches	20.6%	Requires members to abide by a code of ethics, submit an online application, undergo a phone interview, and have a professional business Web site	\$75
International Association of Child Sleep Consultants	13.7%	50 hours of training with an instructor with more than 10 years of experience sleep coaching	\$125
International Maternity Institute	12.7%	Four-part online program	\$3385
Sleep Sense	6.9%	Three-day live training session with 3 months of mentoring	Not advertised

coaches did not report any postsecondary education, 24.5% had a bachelor's degree, 22.5% a master's, 3.9% a PhD, 2% an MPH, and 1% each an MBA, JD, and MD. Similarly, most (53.9%) did not report any previous health care or educational experience, but 15.7% worked in education, 5.9% as nurses, 5.9% as psychologists, 4.9% as doulas, 4.9% as both doulas and lactation educators, 2.9% as developmental specialists, 2.0% as lactation educators, and 1% each as pediatric nurse practitioner, physical therapist, sleep technologist, and physician.

Most Web sites did not specifically delineate the exact types of sleep problems coaches would address but instead usually provided general descriptions of helping with behavioral sleep issues that typically cause frustration and distress within the family. When described, typical sleep issues treated by these practitioners were frequent night wakings, inconsistent naps, early rising, and bedtime resistance. Specific approaches generally were not elucidated, nor were specific claims of efficacy typically made other than "coaching" caregivers to respond appropriately to their child in order to help the child learn to put him/herself to sleep. Although the specific approaches were generally not elucidated, the efficacy of studied behavioral treatment of bedtime problems and night wakings is actually well-supported by empiric studies.¹

The average price of in-person consultations was \$368 (SD = \$173), phone/online consultations \$314 (SD = \$125), group sessions \$84 per person (SD = \$102), and overnight packages \$1115 (SD = \$451). Consultation packages typically consisted of a 1- to 3-hour interview with a time-limited follow-up in the form of e-mail or phone calls. Overnight packages were less common and typically consisted of either constant supervision with support throughout the night or having the sleep coach actually implement the sleep training.

All sleep coaches cited a certification or training program, with some citing multiple. Characteristics of the 5 cited programs are listed in the [Table](#). The most commonly cited program was the Gentle Sleep Coach, with just about one-half of all coaches citing this as their training and certification. The requirements varied considerably between training/certifying programs, with some requiring multiple-months of online training and passing an examination, and some lasting just a few days. Likewise, costs varied

dramatically, with several of the training programs costing thousands of dollars, and some of the certification programs cost much less.

Discussion

We have identified just more than 100 sleep coaches in the US who offer their services. Notably, this burgeoning provider group appears to have highly variable backgrounds, training, services offered, and price for services. These results provide an important initial description of this emerging group of providers in pediatrics, which is an important first step in developing thoughtful guidelines for how these providers might be optimally integrated into the care of children with sleep problems. Moving forward, many issues will need to be addressed: How should sleep coaches be trained and certified? Who should run the training and certification programs and should they be independent of one another? What is a reasonable price for their services? What can and should be covered by insurance? At what point does a child's sleep problems require the services of a more advanced practitioner such as a behavioral sleep medicine specialist or sleep medicine physician, and do sleep coaches have adequate training to recognize when referral is appropriate? As has been previously suggested,⁵ the incorporation of lactation consultants into newborn care may serve as a useful model when addressing these challenging questions.

Limitations of our analyses are that the online search methods used may not have captured all providers offering sleep coaching services in the US. Additionally, some sleep coaches may have been missed because of insufficient information on their Web site to characterize their services or because of a nonfunctional link from association/certification programs, neither of which were rigorously tracked by the iterative search methods used.

In conclusion, this study presents an important descriptive analysis of sleep coaches and their services currently available in the US. We are hopeful these initial observations will serve as an impetus for further investigation and discussion within the field to determine the optimal role of these providers in healthcare delivery. ■

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References

1. Mindell JA, Kuhn B, Lewin DS, Meltzer LJ, Sadeh A. Behavioral treatment of bedtime problems and night wakings in infants and young children. *Sleep* 2006;29:1263-76.
2. The American Board of Pediatrics. Workforce data 2012-2013. <https://www.abp.org/sites/abp/files/pdf/workforcebook.pdf>. Accessed November 21, 2014.
3. American Board of Sleep Medicine. Behavioral sleep medicine specialists. <http://www.absm.org/BSMSpecialists.aspx>. Accessed May 31, 2014.
4. The Sleep Lady. Press coverage. <http://www.sleep lady.com/press/>. Accessed May 31, 2014.
5. Mindell JA. Sleep coaches: friend or foe? Oral presentation at the Biannual Conference on Pediatric Sleep Medicine. November 2013; Amelia Island, FL.